



**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**
(Page 1)

I, the below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name;
I believe I am the original, first and sole inventor (if only one name is listed below) or an original,
first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a
patent is sought on the invention entitled PHASE SHIFT MASK, AND EXPOSURE METHOD
AND DEVICE MANUFACTURING METHOD
USING THE SAME

☐ is attached hereto ☒ was filed on 20/JUN/2003 as United States Appl'n No. or
PCT International Application No. 10/600,490
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification,
including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.
I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b), of any foreign
application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designates
at least one country other than the United States, listed below and have also identified below any foreign application
for patent or inventor's certificate, or PCT international application having a filing date before that of the application
on which priority is claimed:

Country	Application No.	Filed(Day/Mo./Yr.)	Priority Claimed (Yes/No)
Japan	180948/2002(Pat.)	21/JUN/2002	Yes

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of
any PCT international application designating the United States, listed below and, insofar as the subject matter of
each of the claims of this application is not disclosed in the prior United States or PCT international application
in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information
which is material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of
the prior application and the national or PCT international filing date of this application.

Application No.	Filed (Day/Mo./Yr.)	Status (Patented, Pending, Abandoned)
-----------------	---------------------	--

I hereby appoint the practitioners associated with the firm and Customer Number provided below to
prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and
direct that all correspondence be addressed to the address associated with that Customer Number:

MORGAN & FINNEGAN, L.L.P.

Customer Number: 27123

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

(Page 2)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that Such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First Inventor Kenji YAMAZOE

Inventor's signature *Kenji Yamazoe*

Date October 3, 2003 Citizen/Subject of JAPAN

Residence 3427-6-F-105 Ishiimachi, Utsunomiya-shi, Tochigi-ken, Japan

Post Office Address c/o CANON KABUSHIKI KAISHA

3-30-2 Shimomaruko, Ohta-ku, Tokyo, Japan

Full name of Second Inventor, if any _____

Inventor's signature _____

Date _____ Citizen/Subject of _____

Residence _____

Post Office Address _____

Full name of Third Inventor, if any _____

Inventor's signature _____

Date _____ Citizen/Subject of _____

Residence _____

Post Office Address _____

Full name of Fourth Inventor, if any _____

Inventor's signature _____

Date _____ Citizen/Subject of _____

Residence _____

Post Office Address _____

Full name of Fifth Inventor, if any _____

Inventor's signature _____

Date _____ Citizen/Subject of _____

Residence _____

Post Office Address _____

Full name of Sixth Inventor, if any _____

Inventor's signature _____

Date _____ Citizen/Subject of _____

Residence _____

Post Office Address _____